

Domain 1 – Care Management (100 points total)

Question	Points	Summary of Changes	Total possible points																						
<p>High Complexity Case Management</p> <p>1. Our Program is staffed by professionals with specified panel management responsibilities for high risk or high complexity care.</p> <p>Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Registered Nurse <input type="checkbox"/>Clinical Social Worker <input type="checkbox"/>Behavioral health professional <input type="checkbox"/>Pharmacist <input type="checkbox"/>Care coordinator <input type="checkbox"/>Project Manager <input type="checkbox"/>Case Manager <input type="checkbox"/>Community health worker <input type="checkbox"/>Nutritionist/Dietician 	<p><u>Check Boxes</u> 2 points for 2 selections 3 points for 3 selections 4 points for 4 or more selections</p>		4																						
<p>High Complexity Case Management</p> <p>2. We have a system to identify and enroll high acuity patients in the following categories</p> <p>Please select all that apply:</p> <table border="1" data-bbox="107 906 1209 1424"> <thead> <tr> <th data-bbox="107 906 558 979">Category</th> <th data-bbox="558 906 1209 979">Number of Patients Enrolled as of Dec 31, 2018. If claiming 3 or more, only top 3 need to be reported</th> </tr> </thead> <tbody> <tr> <td data-bbox="107 979 558 1019"><input type="checkbox"/> Recent hospital discharge</td> <td data-bbox="558 979 1209 1019"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1019 558 1060"><input type="checkbox"/> Recent hospital readmission</td> <td data-bbox="558 1019 1209 1060"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1060 558 1101"><input type="checkbox"/> Frail elderly</td> <td data-bbox="558 1060 1209 1101"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1101 558 1141"><input type="checkbox"/> Vulnerability to falls</td> <td data-bbox="558 1101 1209 1141"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1141 558 1182"><input type="checkbox"/> Diabetes with A1C > 9</td> <td data-bbox="558 1141 1209 1182"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1182 558 1222"><input type="checkbox"/> Frequent ER users</td> <td data-bbox="558 1182 1209 1222"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1222 558 1263"><input type="checkbox"/> Recent cancer diagnosis</td> <td data-bbox="558 1222 1209 1263"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1263 558 1320"><input type="checkbox"/> Multiple chronic illness diagnoses</td> <td data-bbox="558 1263 1209 1320"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1320 558 1393"><input type="checkbox"/> History of cardiac ischemic event</td> <td data-bbox="558 1320 1209 1393"><u>(Free text Field)</u></td> </tr> <tr> <td data-bbox="107 1393 558 1424"><input type="checkbox"/> History of stroke</td> <td data-bbox="558 1393 1209 1424"><u>(Free text Field)</u></td> </tr> </tbody> </table>	Category	Number of Patients Enrolled as of Dec 31, 2018. If claiming 3 or more, only top 3 need to be reported	<input type="checkbox"/> Recent hospital discharge	<u>(Free text Field)</u>	<input type="checkbox"/> Recent hospital readmission	<u>(Free text Field)</u>	<input type="checkbox"/> Frail elderly	<u>(Free text Field)</u>	<input type="checkbox"/> Vulnerability to falls	<u>(Free text Field)</u>	<input type="checkbox"/> Diabetes with A1C > 9	<u>(Free text Field)</u>	<input type="checkbox"/> Frequent ER users	<u>(Free text Field)</u>	<input type="checkbox"/> Recent cancer diagnosis	<u>(Free text Field)</u>	<input type="checkbox"/> Multiple chronic illness diagnoses	<u>(Free text Field)</u>	<input type="checkbox"/> History of cardiac ischemic event	<u>(Free text Field)</u>	<input type="checkbox"/> History of stroke	<u>(Free text Field)</u>	<p><u>Check Boxes</u> Selecting 2 options results in 2 points and selecting 3 or more results in 4 points</p>		4
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<p>High Complexity Case Management</p> <p>3. To facilitate shared responsibilities, consistent messages, and rapid response time, our group care management staff has:</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> Paper based filing system <input type="radio"/> Electronically retrievable documentation of patient and physician contacts and interventions 	<p>0 point 2 points</p>		2																																

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<p>High Complexity Case Management: Patient Identification</p> <p>4. We have incorporated data-based tools to identify patients with exceptional needs for timely inclusion in these programs. Common terminology for such programs includes “risk stratification” and “predictive modeling.”</p> <p><u>Please select all that apply:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> We have acquired or developed a software program to automate this search <input type="checkbox"/> Our data system refreshes information at least on a monthly basis 	<p>1 point</p> <p>1 point</p>		<p>2</p>
<p>High Complexity Case Management: Patient Identification</p> <p>5. We use data from the following sources to identify candidates for these concentrated services:</p> <p><u>Please select the statement that most accurately describes how your organization integrates data:</u></p> <ul style="list-style-type: none"> <input type="radio"/> We use data from at least one of the following referral sources: PCP, specialty care physician, case manager, health plan, pharmacy or ancillary services. <input type="radio"/> We use data from health plan risk-stratified/population health reports based on claims data. <input type="radio"/> We create and use our internal reports based on risk-stratified UM (prior authorization, encounter, ER visit, etc.) data for inpatient hospital, pharmacy or ancillary services. 	<p>1 point</p> <p>2 points</p> <p>3 points</p>		<p>3</p>
<p>High Complexity Case Management: Complex Coordinated Care for Expanded Populations:</p> <p>6. In which of the following lines of businesses are you fully delegated by your health plan partners to conduct high complex care management?</p> <p><u>Please select all that apply:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Commercial HMO <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicare SNP <input type="checkbox"/> Dual Eligible Plan <input type="checkbox"/> Commercial PPO <input type="checkbox"/> Commercial ACO <input type="checkbox"/> Medicare ACO (Pioneer or MSSP) <input type="checkbox"/> Medicaid Managed Care Plan(s) <input type="checkbox"/> The Exchange (e.g., Covered California) Contracted Health Plan(s) <input type="checkbox"/> County Indigent Programs 	<p><u>Check Boxes</u></p> <p>1 point for 2 selections,</p> <p>2 points for 3 selections,</p> <p>3 points for 4 or more selections</p>		<p>3</p>

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<p>Behavioral Health Integration</p> <p>7. Please select the statement that most accurately describes how you manage your behavioral health population:</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> We have in-network behavioral specialists (physicians, clinical psychologists, LCSW, family therapists, and other credentialed clinicians) available for consultation on our behavioral health patients (applicable to any line of business). <input type="radio"/> We offer telehealth (i.e., the use of technology to deliver care through techniques like videoconferencing) for behavioral health services, whereby a patient can participate in a scheduled videoconference session with a behavioral health specialist. <input type="radio"/> We offer real-time patient access to in-network behavioral specialists (either through real-time telehealth services or co-location with our primary care physicians in the same outpatient office). 	<p>3 points</p> <p>4 points</p> <p>5 points</p>		<p>5</p>
<p>Behavioral Health Integration</p> <p>8. Please select the statement that most accurately describes your system’s behavioral health integration process:</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> We have health plan designated behavioral networks and offer at least one of the following: <ul style="list-style-type: none"> ➤ Effective timely, record sharing with some but not all the health plan designated behavioral networks ➤ Formal records-sharing and reliable, timely exchange of clinical information with most health plan designated behavioral networks ➤ Secure electronic connectivity with most health plan designated behavioral networks <input type="radio"/> We have behavioral health integration and offer at least TWO of the following: <ul style="list-style-type: none"> ➤ Simultaneous access to a unified medical record ➤ Electronic care coordination pathways between behavioral health specialists, PCPs, medical specialists, and care managers ➤ Ability to create and update coordinated care plans for both medical and behavioral health management 	<p>3 points</p> <p>5 points</p>		<p>5</p>

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<p>Hospitalist</p> <p>9. Does your group use Hospitalists for Medical/ Surgical and/or NICU inpatients? (Do not include other patients in calculations, e.g., OB and routine nursery.)</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> No, we do not have hospitalists <input type="radio"/> Yes. >25% of inpatients are cared for by hospitalists <input type="radio"/> Yes. > 50% of inpatients are cared for by hospitalists <input type="radio"/> Yes. >75% of inpatients are admitted and cared for by hospitalist 	<p>0 points</p> <p>2 points</p> <p>3 points</p> <p>5 points</p>		5
<p>10. Please describe the employment relationship between your organization and the hospitalists:</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> Our inpatients are being followed in the hospital by the PCPs. <input type="radio"/> Our hospitalists are contracted by the integrated delivery system, medical group or IPA, and they do not have contractually specified response time, performance metrics, communications responsibilities, and aligned incentive opportunities. <input type="radio"/> Most of our hospitalists are directly employed or contracted by the integrated delivery system, medical group or IPA, with contractually specified response time, performance metrics, communication responsibilities, and aligned incentive opportunities. 	<p>0 points</p> <p>1 point</p> <p>3 points</p>		3
<p>SNF Oversight</p> <p>11. Does your group have a formal program for SNF oversight, linked to your care coordination personnel and systems?</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> We have designated staff who provide telephonic care coordination as needed by attending physicians and SNF personnel. <input type="radio"/> We have regular phone conferences with our busiest SNFs regarding patient care plans. 	<p>1 point</p> <p>2 points</p>		4

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<ul style="list-style-type: none"> <input type="radio"/> We have regular phone conferences with our busiest SNFs regarding patient care plans, and we have specifically designated professionals (MD/DO, NP, or PA) who provide clinical care for our physician organization’s patients in the SNFs. <input type="radio"/> We have care coordination staff (e.g., RN, MSW, coordinator) who make regular on-site visits to our busiest SNFs to participate in care plan development, and we have specifically designated professionals (MD/DO, NP, or PA) who provide clinical care for our physician organization’s patients in the SNFS with timely communication directed back to the primary care provider. 	<p>3 points</p> <p>4 points</p>		
<p>12. Oversight for SNF residents housed out-of-area (>30 miles from our official office): <u>Please select the statement that most accurately reflects your organization’s management of SNF residents housed out-of-area:</u></p> <ul style="list-style-type: none"> <input type="radio"/> We do not have an internal staff member (clinician, case manager or coordinator) to engage out-of-area SNFs to care for our patients. <input type="radio"/> We have an internal staff member (clinician, case manager or coordinator) responsible to engage out of area SNFs to care for our patients. 	<p>0 points</p> <p>1 point</p>		1
<p>13. Does your group employ on site, in-person concurrent review nurses at the hospitals where the average daily census > 12, or for smaller groups, at your busiest 2 local hospitals? <u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> No, not on-site, but we do telephonic coverage Monday – Friday <input type="radio"/> Yes, we have Monday - Friday daytime coverage <input type="radio"/> Yes, we have seven day & holiday coverage 	<p>3 points</p> <p>5 points</p> <p>7 points</p>		7
<p>Post Hospital-Discharge Continuity and Care Coordination Program</p> <p>14. This question relates to the measurable outcome of reducing avoidable or unplanned readmissions. <u>Please select the level of coordination that best describes your post-discharge and care coordination program:</u></p> <ul style="list-style-type: none"> <input type="radio"/> We have a concurrent inpatient review nurse who notifies the PCP and assumes post discharge follow u <input type="radio"/> We have a consistent, pre-discharge planning conference between nurse case manager and the attending hospitalist and/or specialist, with reliable communication to the continuous care ambulatory physician. <input type="radio"/> We have a care team that plans and coordinates transitions 	<p>1 point</p> <p>2 points</p> <p>3 points</p>		7

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<p>Please select all that apply to your care team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospitalist or attending physician <input type="checkbox"/> Hospital case manager <input type="checkbox"/> Physician organization case manager <input type="checkbox"/> Physician organization medical director <input type="checkbox"/> Clinical pharmacist <input type="checkbox"/> Behavioral health professional <input type="checkbox"/> Social worker <input type="checkbox"/> Home health professional <input type="checkbox"/> SNF representative <input type="checkbox"/> Designated outreach individual (to assure adherence to care plan, with communications channels to intervene when problems identified) 	4 points with 4 or more selections		
<p>Post Hospital-Discharge Continuity and Care Coordination Program</p> <p>15. Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> We track all unplanned readmissions and engage the PCP to use learning opportunities to better understand readmission circumstances. <input type="checkbox"/> We have a peer committee of clinicians charged with review of frequency and trend of readmissions to prevent avoidable or unplanned hospital admissions <input type="checkbox"/> We have the team above. In addition, we sponsor a post-discharge continuity clinic and/or provide a follow-up PCP visit for patients who have been recently discharged from the hospital to ensure they can be seen within 7 calendar days by a fully informed clinician. (A fully informed clinician should have the patient’s post-discharge summary; access to the patient’s lab results, progress notes, imaging results, and procedure notes that were done during the hospitalization; and the patient’s medication reconciliation list.) 	<p>1 point</p> <p>2 points</p> <p>2 points</p>		5

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<p>Post Hospital-Discharge Continuity and Care Coordination Program</p> <p>16. Does your organization have a plan to reduce avoidable ED use? <u>Please select one:</u></p> <p><input type="radio"/> NO <input type="radio"/> YES</p> <p>If yes, do you have a PCP incentive program to reward convenient after-hours alternatives for avoidable ED use? (Multiple strategies qualify for “yes,” i.e. cap bonus for evening office hour access, FFS above cap for afterhours care, bonus for low or improved ER use rates, etc.) <u>Please select one:</u></p> <p><input type="radio"/> NO <input type="radio"/> YES</p> <p>If yes, do you have an institution wide after-hours access clinic and/or a fully electronically integrated urgent care clinic? <u>Please select one:</u></p> <p><input type="radio"/> NO <input type="radio"/> YES</p>	<p>0 Points 3 points</p> <p>0 points 2 points</p> <p>0 points 2 points</p>		7
<p>Generic Prescription Drugs</p> <p>17. Does your organization provide its primary care practitioners periodic, individual feedback regarding generic drug prescription rates? <u>Please select one:</u></p> <p><input type="radio"/> NO <input type="radio"/> YES</p> <p>If yes, do you provide an overall percentage rate and breakdown by drug classification? <u>Please select one:</u></p> <p><input type="radio"/> NO</p>	<p>0 points 1 point</p> <p>0 points</p>		3

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<p><input type="radio"/> YES</p> <p>If yes, do you share un-blinded generic drug prescription rates among PCPs?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES</p>	<p>1 point</p> <p>0 points</p> <p>1 point</p>		
<p>Authorizations</p> <p>18. Using evidence-based protocols, does your organization have clinical experts (either in-house or out-sourced) to provide guidance on the following specialized authorization requests?</p> <p><u>Please select all that apply:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> High cost injectables <input type="checkbox"/> Insulin pumps <input type="checkbox"/> Implantable devices <input type="checkbox"/> Investigational/experimental testing and treatment <input type="checkbox"/> Genetic testing and treatment <input type="checkbox"/> Wound care <input type="checkbox"/> Oncology Rx <input type="checkbox"/> Hepatitis C treatment <input type="checkbox"/> Complex Durable Medical Equipment (i.e. power and custom function chairs) 	<p>8 points for 5 or more selections</p>		<p>8</p>
<p>Advanced Illness Management</p> <p>19. Does your organization have an ambulatory/home-based advanced illness management program (including palliative care) accessible to its doctors for referral?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES</p>	<p>0 points</p> <p>2 points</p>		<p>7</p>

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<p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> We have contracted advanced illness management specialists within our network available for referral consultations. <input type="radio"/> We depend upon primary care physicians to provide most advanced illness management, with specialist consultation available. We sponsor collaboratives to assist PCPs with these tasks and case managers to facilitate connections on request. <input type="radio"/> We contract with an organization and/or physicians who specialize in advanced illness management services, with communication to both PCPs and care managers. <input type="radio"/> We have a formal advanced illness management program, staffed by physician organization personnel, whose duties include education, connection to family support resources, community services, and clinical navigation. 	<p>2 points</p> <p>3 points</p> <p>4 points</p> <p>5 points</p>		
<p>Performance Measurement</p> <p>20. Has your organization participated in a formal Quality Performance Measurement Incentive Program in the last year? (e.g., CMS, IHI, IHA P4P, NQF, CQC, Health Plan-Sponsored Program):</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> NO <input type="radio"/> YES <p>If yes, please specify sponsor and year (Free text field)</p>	<p>0 points</p> <p>5 points</p>		5
<p>Disaster and Public Health Preparedness</p> <p>21. Does your group or IPA have a formal disaster plan (e.g., earthquake, flood, fire, major power outage, terrorist act, biological catastrophe, or epidemic) for provider deployment and continuity of patient care in event of significant infrastructure disruption?</p> <p><u>Please select one:</u></p> <ul style="list-style-type: none"> <input type="radio"/> NO <input type="radio"/> YES 	<p>0 points</p> <p>2 points</p>		6

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<p>22. If yes to previous question, does this plan include coordination with Public Health communication channels in event of disaster? (e.g., viral outbreak, food or waterborne contagion, or acts of terrorism, biological catastrophe, or epidemic) <u>Please select one:</u></p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES</p> <p>23. If yes to previous question, do you have a staff member responsible for maintaining currency of this plan? <u>Please select one:</u></p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES</p> <p>24. If yes to previous question, does this plan include synchronization with local hospitals likely to be involved with care for your patients? <u>Please select one:</u></p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES</p> <p>25. Do you have a plan that would allow short-term reciprocal care with other healthcare delivery systems (public, private, or both)? <u>Please select one:</u></p> <p><input type="radio"/> NO</p> <p><input type="radio"/> YES</p>	<p>0 points</p> <p>1 point</p> <p>0 points</p> <p>1 point</p> <p>0 points</p> <p>1 point</p> <p>0 points</p> <p>1 point</p>		

29. Does your organization coordinate services for the needs listed below? (Please do not mark “coordinate the services” if you are simply referring patients to another organization, especially if those services are being paid by the other entity.)

1 point for 3 selections

	Do you coordinate this service?
Housing (e.g., addressing needs like adequate housing conditions, fear of eviction, overcrowding, and homelessness)	<input type="radio"/> Yes <input type="radio"/> No
Personal Assistance (e.g., helping with everyday activities like bathing and dressing, meal preparation, and household tasks to enable independence and safety)	<input type="radio"/> Yes <input type="radio"/> No
Health Self-Management Workshops (e.g., addressing the physical, mental, emotional and social challenges for people living with chronic conditions; offering low impact exercises and gentle activities to increase joint flexibility, range of motion and muscle strength for patients with arthritis)	<input type="radio"/> Yes <input type="radio"/> No
Nutrition Services (e.g., addressing food insecurity; providing access to nutritious foods; providing mobile food delivery)	<input type="radio"/> Yes <input type="radio"/> No
Social Work Assistance (e.g., helping with job security and unemployment; aiding with federal assistance programs; connecting patients with social supports and safety network)	<input type="radio"/> Yes <input type="radio"/> No
Transportation (e.g., providing a mobile van to transport patients to their PCP’s office; addressing transportation costs and lengthy times to reach needed healthcare services)	<input type="radio"/> Yes <input type="radio"/> No
Behavioral Health (e.g., addressing issues like mental health conditions, post-partum depression, substance abuse, opioid addiction, smoking cessation)	<input type="radio"/> Yes <input type="radio"/> No

If more than three of the services are selected as “Yes”, the organization will receive one point.

<p>30. Do you have specific programs to address the social determinants of health needs for the following populations? (If something is fully sufficient it has met, or satisfied, a patient’s need.)</p>		<p>1 point for 3 selections</p>		
	<p>Please select one option for each population:</p>			
Patients with dementia	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Patients with moderate to severe mental health diagnoses	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Patients with substance abuse or dual diagnosis (mental health plus substance abuse)	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Disabled/frail patients	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Functionally impaired patients of any age	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Homeless patients	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Dual-eligible beneficiaries	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Seriously ill/end of life	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
All populations	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Patients with a BMI over 30	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			
Patients with limited means of transportation	<p><input type="radio"/> Fully Sufficient</p> <p><input type="radio"/> Trying but not there yet</p>			

Domain 1 – Care Management (100 points total)

Patients with 3+ chronic illnesses	<input type="radio"/> Fully Sufficient <input type="radio"/> Trying but not there yet				
<p>If more than three of the populations are selected, the organization will receive one point.</p>					
<p><u>If you provide other programs to address social determinants of health, please describe them here:</u></p>					
<p>[free text]</p>					
<p><u>If you would like to provide such programs; however, you're experiencing challenges and or would like assistance (with specific programs or just in general), please describe your concerns here:</u></p>					
<p>[free text]</p>					